Name in Full: Isaac K. Anderson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb[illegible] | County: Allegany

Date of death: Month: Oct | Day: 12 | 1904

Age: Years: 68 | Months: - | Days: -

Sex: male | Color or Race: White | Birthplace: Winchester Va

Occupation: Wagon Builder | Where Residing if not at place of death: —

Married, Single or Widowed: Widower | Name of Wife or Husband: Dead.

Father's Name: Dead | Father's Birthplace:

Mother's Maiden Name: Dead | Mother's Birthplace:

Name of person giving Information: S D J Anderson | How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular heart lesion | How long: years

Immediate: over exertion | How long: a few minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. H. Slansbury

Address: Cumberland Md

Accident or Suicide? Neither

LIBRARY BUREAU A68518

Name in Full: Rosie F. Anderson

220

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Harbor | County: Berlin | Ft. Da

Date of death 190	Month	Day	Years	Months	Days
	Oct	20	Age 38	4	12

Sex: Male	Color or Race: White	Birthplace: Somerset Co Md	
Occupation: Hotel Keeper	Where Residing if not at place of death: Somerset Co Md		
Married, Single or Widowed: Married	Name of Wife or Husband: Not Married		
Father's Name: Benj. Curtis Snyder		Father's Birthplace: Somerset Co Md	
Mother's Maiden Name: Mary Susan Tompkins		Mother's Birthplace: "	"
Name of person giving Information: Nate Kipple		How related to deceased: Sister	

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis	How long: Eight months
Immediate: Prostration	How long: one week
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: W. J. Richardson
	Address: Williamsport Md
Accident or Suicide?	

LIBRARY BUREAU A66616

Name in Full: Paul Elder Bowser

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County:

Date of death	Month	Day	Age: Years	Months	Days
1904	Oct	5	—	6	—

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing If not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Edward R. Bowser — Father's Birthplace: Md

Mother's Maiden Name: Bruce Hess — Mother's Birthplace: Md

Name of person giving Information: Mrs Bruce Bowser — How related to deceased: Mother

104

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Indigestion — How long: 3 mos

Immediate: Exhaustion from Vomiting — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. L. Bradenfield M.D.

Address: [redacted] Md

Accident or Suicide? No

LIBRARY BUREAU A68516

Name in Full: Elizabeth Botherton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: Oct — Day: 12 — 1904

Age: Years: 64 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Cumberland Md

Occupation: Housework — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Chas. Botherton

Father's Name: Thos Roberts — Father's Birthplace: —

Mother's Maiden Name: Ellen Warfield — Mother's Birthplace: Cumberland Md

Name of person giving Information: Chas Botherton — How related to deceased: Husband

93

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Lobar Pneumonia — How long: 4 days

Immediate: Heart failure — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. J. Dyke

Address: Cumberland Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Elizabeth J. Burns.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Midland; County: Allegany.

Date of death 1904: Month: Oct. 6; Day: 6

Age: Years: 12; Months: 9; Days: 6

Sex: Female; Color or Race: White; Birthplace: Midland

Married, Single or Widowed: Single; Occupation:

Name of Wife or Husband:

Father's Name: Michael Burns; Father's Birthplace: Ireland

Mother's Maiden Name: Christina Phillips; Mother's Birthplace: Eckart

Name of person giving information: Wm Burns.; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hip Disease 37; How long: 6 years

Immediate: General Tuberculosis; How long: 4 years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. P. O'Neil M. D.

Address: Midland, Md.

Accident or Suicide? No.

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Walter E. Caskin

CERTIFICATE OF DEATH

MARYLAND

Died: Town: near Little Orleans; County: Allegany

Date of death: Month: October; Day: 17th; Year: 1904; Age: 36; Months: —; Days: —

Sex: Male; Color or Race: American; Birthplace: Dont-Know

Occupation: Steel Bridge Man; Where Residing if not at place of death: Cumberland.

Married, Single or Widowed: —; Name of Wife or Husband: Dont-Know

Father's Name: Dont-Know; Father's Birthplace: Dont-Know

Mother's Maiden Name: " ; Mother's Birthplace: "

Name of person giving Information: Self-; How related to deceased: Not-at-all

166

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Fall from Bridge 30 feet; How long: Lived only an hour.

Immediate: Shock -

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C E Fisher M.D.,

Address: Little Orleans, Maryland.

Accident or Suicide: —

LIBRARY BUREAU A83816

Name in Full: Eloy Freeman Clem

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westernport — County: Allegany

Date of death: 1904 — Month: 10 — Day: 19 — Age: Years: 1 — Months: — Days: 14

Sex: Female — Color or Race: White — Birthplace: Westernport

Occupation: — Where Residing if not at place of death: Westernport

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo Clem — Father's Birthplace: Va

Mother's Maiden Name: Eliza Ann Bowers — Mother's Birthplace: Ohio

Name of person giving In formation: Geo Clem — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Convulsions — How long: Sudden

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. G. Abbott.

Address: Westernport Md.

Accident or Suicide: —

LIBRARY BUREAU A88516

Name in Full: John Leo Colvin

CERTIFICATE OF DEATH

Died at: Town: Cumberland; County:

MARYLAND

Date of death: 1904 Month: Oct Day: 5 Age: Years: 1 Months: 8 Days: 17

Sex: Male Color or Race: White Birthplace: City

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Harry L Colvin Father's Birthplace: Va

Mother's Maiden Name: Allie McDaniel Mother's Birthplace: Va

Name of person giving information: Mrs Allie M Colvin How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever How long: one week

Immediate: Exhaustion How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo L Broadwell MD

Address: Cumberland Md.

Accident or Suicide? N

LIBRARY BUREAU A88516

Name in Full: James Cook

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mosaw Mills — County: Allegany

Date of death 1904: Month: Oct — Day: 30

Age: Years: — Months: 2 — Days: 5

Sex: Male — Color or Race: White — Birthplace: Mosaw Mills

Married, Single or Widowed — Occupation:

Name of Wife or Husband:

Father's Name: James Cook — Father's Birthplace: Pekin

Mother's Maiden Name: Lettie Muir — Mother's Birthplace: Dover

Name of person giving information: James Cook — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Enter. Colitis — How long: 8 days

Immediate: Convulsions — How long: 6 hours

105

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. L. Skilling

Address: Lonaconing

Accident or Suicide? No

LIBRARY BUREAU A88519

Name in Full: Ann Craig

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lonaconing; County: Allegany

Date of death: 1904 Month: Oct Day: 30

Age: Years: 63 Months: 3 Days: 3

Sex: Female

Color or Race: White

Birthplace: Scotland

Occupation: Housewife

Where Residing if not at place of death: Allegany City Penna.

Married, Single or Widowed: Married

Name of ~~Wife or~~ Husband: John Craig

Father's Name: James Robb

Father's Birthplace: Scotland

Mother's Maiden Name: Janet Galt

Mother's Birthplace: Scotland

Name of person giving information: John Craig

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia 93

How long: 4 Days

Immediate: Cardiac Failure

How long: Few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James A. Bullock

Address: Lonaconing Maryland

Accident or Suicide? No

LIBRARY BUREAU A8501Q

Name in Full: Ellen J. Lodgson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frostburg — County: Allegany

Date of death: Month: 10 — Day: 20 — Years: Age 48 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: U. S.

Occupation: H. W. — Where Residing if not at place of death: At home

Married, Single or Widowed: Married — Name of Wife or Husband: John B. Lodgson

Father's Name: — Dolan — Father's Birthplace: Ireland

Mother's Maiden Name: Margaret McGann — Mother's Birthplace: Ireland

Name of person giving information: Edward Welsh — How related to deceased: son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma caecum 41. — How long: 10 Months

Immediate: Asthenia — How long: 10 Weeks

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Thomas F. Maroney

Address: Frostburg, Md

Accident or Suicide?

LIBRARY MUHLAU A40516

L & M

Catholic Cemetery

Name in Full: A. Pearl Duckworth

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb'd; County: Allegh

Date of death: 1904; Month: Oct.; Day: 16; Age: Years —; Months: 13; Days —

Sex: Female; Color or Race: White; Birthplace: Cumb'd

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: David Duckworth; Father's Birthplace: Germany

Mother's Maiden Name: Ecca Strayer; Mother's Birthplace: Cumb'd

Name of person giving Information: David Duckworth; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Nephritis 119; How long: 3 weeks

Immediate: Dyspnea; How long: about 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. H. Hawsburg

Address: Cumberland Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Margret Footen.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Barton. County: Alleganey.

Date of death 1904: Month: Oct Day: 4

Age: Years: 14 ans Months: 14. Days:

Sex: Female Color or Race: White. Birthplace: Barton.

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband:

Father's Name: Peter Footen. Father's Birthplace: Barton.

Mother's Maiden Name: Julia Kelly. Mother's Birthplace: Perkin, Md.

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis Acute. How long: Twelve days.

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. H. McGann M.D.

Address: Barton. Alleganey Co.

Accident or Suicide?

LIBRARY BUREAU A83516

John Gannon
Dom Campbell Shore

Name in Full: Bessie M. Franz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland, County: Allegany

Date of death 1904: Month: Oct. Day: 26 Age: Years: 25 Months: 8 Days:

Sex: Female Color or Race: White Birthplace: West Va

Occupation: Housework Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: Harry M. Franz

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: 108 How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Obstruction of Bowels How long: 10 days

Immediate: Exhaustion How long:

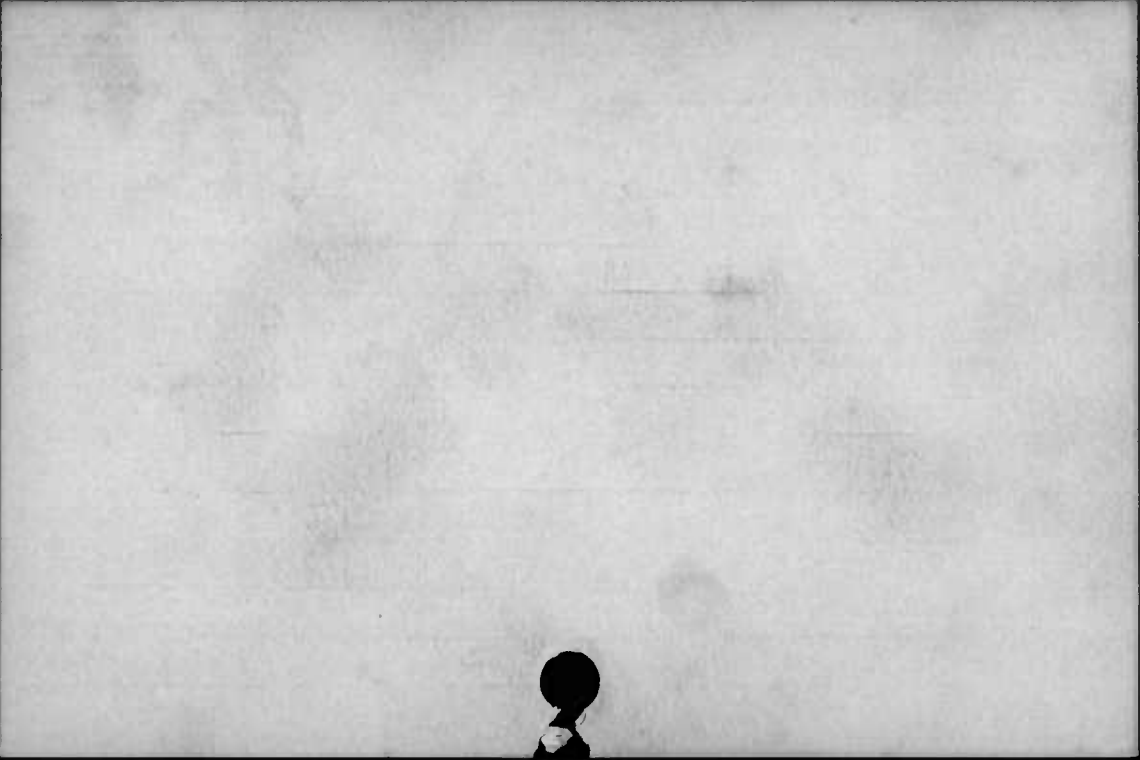
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas. A. Tracy MD

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU ABSCIS



Name in Full: James Thos Galloway

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Morantown — County: Allegany

Date of death 1904 — Month: Oct — Day: 27 — Age — Years: — Months: — Days: 5 weeks

Sex: Male — Color or Race: Colored — Birthplace: Morantown

Married, Single or Widowed: — — Occupation: — —

Name of Wife or Husband: —

Father's Name: Joseph Galloway — Father's Birthplace: Md

Mother's Maiden Name: Margaret Mackintosh — Mother's Birthplace: Md

Name of person giving In formation: Joseph Galloway — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition 93 — How long: all life

Immediate: Pneumonia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Alan G. Murray

Address: Mt Savage Md

Accident or Suicide?

LIBRARY BUREAU A85016

Name in Full: Julia Armour Gilpin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: 1904; Month: Oct.; Day: 25; Age: Years: 76; Months: 11; Days:

Sex: Female; Color or Race: White; Birthplace: Frederick Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Widowed; ~~Name of Wife or~~ Husband: Chas Gilpin

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Imformation: Sofia Z Gilpin

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease

How long: Do not know

Immediate: Uremic poisoning

How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. W. Wiley

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A89519

Name in Full: Infant of Paul Goldsworthy

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Town: Emmitsburg — County: Allegany

Date of death: 1904 — Month: Oct. — Day: 26 — Age: Years — | Months: 2 Weeks — Days: 1

Sex: Female — Color or Race: White — Birthplace: Emmitsburg

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Paul Goldsworthy — Father's Birthplace: Frostburg

Mother's Maiden Name: Annie Helfore. — Mother's Birthplace: Emmitsburg

Name of person giving information: Paul Goldsworthy. — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inspiration Pneumonia — How long: 2 mos

Immediate: Exhaustion — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. F. Geragg

Address: Emmitsburg Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Catharine Kelley Gough

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mudland — County: Allegany

Date of death 1904: Month: 10 — Day: 5

Age: Years: 38 — Months: 5 — Days:

Sex: Female — Color or Race: White — Birthplace: Nova Scotia

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Michael Gough

Father's Name: Michael Kelley — Father's Birthplace: Nova Scotia

Mother's Maiden Name: Bridget Fitzpatrick — Mother's Birthplace: " "

Name of person giving Information: Michael Gough — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary tuberculosis — How long: 2½ Years

Immediate: Congestion 27 — How long: 4 days —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. G. Smith

Address: Mudland Md

Accident or Suicide? —

LIBRARY BUREAU A80210

Name in Full: Mary D Grove

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North Branch; County: Allegany

Date of death: Month: Oct; Day: 27; 1904

Age: Years: 12; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Morgan Co Va

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: J. W. Grove

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: J W Grove

How related to deceased:

166

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: From A fall from A Wagon

How long:

Immediate: on a Corn Stock Iron in the Head

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr Lanty

Address:

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Maxwell Joseph Hamilton

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frostburg — County: Allegany

Date of death 1904 — Month: Oct — Day: 24 — Age: Years 51 — Months 6 — Days +

Sex: Male — Color or Race: White — Birthplace: Mt. Savage Md

Married, ~~Single or Widowed~~: Married — Occupation: Mine Coal Foreman

Name of Wife or ~~Husband~~:

Father's Name: Maxwell Joseph Hamilton — Father's Birthplace:

Mother's Maiden Name: Elizabeth Thurn — Mother's Birthplace:

Name of person giving In formation: Wm L Hamilton — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of the Stomach 40 — How long: 4 mos

Immediete: Cardiac Syncope — How long: 5 days

PHYSICIAN OR CORONER

Are the neme, ege, sex, color, date and plece correctly given above? Yes

Signature of Physician: Edward Quarles

Address: Mt. Savage Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Sarah Hines

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cumberland — County: Allegany

Date of death 190 — Month: 4 — Day: 10

Age — Years: 62 — Months: 3 — Days: —

Sex: Female

Color or Race: Col.

Birthplace: Frederick

Married, Single or Widowed: ~~Single~~ Widow

Occupation: House Keeper

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: 79

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral insufficiency

How long: about 4 mo

Immediate: Gen. Oedema

How long: 4 mo.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo H Gumming

Address: 63 N. Mechanic

Accident or Suicide? No

LIBRARY BUREAU A88515

Name in Full: Charley Hite

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd. County: Allegany

Date of death: Month: Oct Day: 30 1904

Age: Years: 37 Months: Days:

Sex: Male Color or Race: White Birthplace:

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Julia Hite

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving In formation: Charley Long How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis Pulmonalis How long:

Immediate: Exhaustion How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F B. H. McDonald

Address: Cumberland.

Accident or Suicide?

McDonald.

LIBRARY BUREAU A88516

Mary St.
176 1/2

Name in Full: S R Hume

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb'a County: Allegany

Date of death: Month: Oct. Day: 8 Years: 1904 Age: 71 Months: — Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male Color or Race: White Birthplace: Morgan Co W Va

Occupation: Engineer Where Residing if not at place of death: —

Married, ~~Single~~ or ~~Widowed~~: Married Name of Wife or Husband:

Father's Name: Dead Father's Birthplace:

Mother's Maiden Name: Dead Mother's Birthplace:

Name of person giving Imformation: Mrs S R Hume How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease How long: 6 yrs

Immediate: Paralysis. How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E B Eckhardt M D

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A83316

Name in Full: Joseph F. Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb — County: Alleg

Date of death 1904: Month: Oct. — Day: 2 — Years: Age 83 — Months: 11 — Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: male — Color or Race: White — Birthplace: Washington Co Pa

Occupation: Farmer — Where Residing if not at place of death: -

Married, Single or Widowed: Widower — Name of Wife or Husband: -

Father's Name: Dead — Father's Birthplace:

Mother's Maiden Name: Dead — Mother's Birthplace:

Name of person giving Imformation: J. S. Jones — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long:

Immediate: exhaustion — How long:

154

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. E. F. Dixon

Address: Cumberland Md

Per Ed Jones

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Walter Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Bordenshaft. — County: Allegany

Date of death 1904 — Month: 10 — Day: 12 — Age — Years: — Months: 5 — Days: 2

Sex: Male — Color or Race: White — Birthplace: Bordenshaft

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: ~~John Jones~~ L

Father's Name: John Jones — Father's Birthplace: America

Mother's Maiden Name: Mary Jacob — Mother's Birthplace: "

Name of person giving information: — How related to deceased: —

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 days

Immediate: Spinal meningitis — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. F. L. Cline

Address: Midlothian Md.

Accident or Suicide?

LIBRARY BUREAU ARCHIVES

Frostburg Furniture & Undertaking Co.

Name in Full: Ann E Kanney

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumberland; County: Allegany

Date of death: Month: Oct; Day: 6; 1904; Age: Years: 50; Months; Days

Sex: Male; Color or Race: White; Birthplace

Occupation: Labor; Where Residing if not at place of death: western Maryland Hosp

Married, Single or Widowed: Single; Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving information: Dr Carbaugh; How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fracture of Skull — How long

Immediate: Exhaustion 164 — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B. C. Miller

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: infant of Joseph Koelker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmtd; County: Alleg

Date of death: Month: Oct. Day: 24 1904

Age: Years: — Months: 8 Days:

Sex: Male

Color or Race: White

Birthplace: Emmtd

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Joseph Koelker

Father's Birthplace: Emmtd

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Atrophy 20 — How long: 4 wks

Immediate: Exhaustion — How long: 1 wk

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W F Koelker M D

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88518

Theo Valentine
1 1/2 East of North
Branch

Name in Full: Sydney S Koontz (nee Clark)

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ocean — County: Allegany

Date of death 1904: Month: October — Day: 2nd — Years: Age 61 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Dawson Fayette Co

Married, Single or Widowed — Occupation: Housewife

Name of Wife or Husband: C. Wm Koontz

Father's Name: James Clark — Father's Birthplace: —

Mother's Maiden Name: Barbara Wolfe — Mother's Birthplace: —

Name of person giving information: David Koontz — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Accidental — 1166 — How long: —

Immediate: Shock result of accident — How long: 15 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A J Smith

Address: Midland Md

Accident or Suicide? Accident

LIBRARY BUREAU ABOR 8

born

Allegany County

Name in Full: Charles F. McLeer

CERTIFICATE OF DEATH

MARYLAND

Died at: Westernport — Town: — County: Allegany

Date of death 190 4: Month: October — Day: 10

Age: Years: 70 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: New York

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: C. A. McLeer — How related to deceased: 79

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cardiac Dilatation — How long: 1 year

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Galbreath & Wilson

Address: Piedmont

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A88316

Name in Full: John Mc Mullen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd — County: Allegh

Date of death: Month: Oct — Day: 25 — Years: Age — — Months: — — Days: 4

Sex: male. — Color or Race: white — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Mc Mullen — Father's Birthplace: —

Mother's Maiden Name: Rose Mc Namee — Mother's Birthplace: —

Name of person giving Information: John Mc Mullen — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stillborn S. — How long: —

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. N. Wiley

Address: S Wiley Cumbd

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John George Milford

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Gilmore — County: Allegany

Date of death 1904 — Month: Oct — Day: 13 — Age — Years: 32 — Months: 5 — Days: 10

Sex: Male — Color or Race: White — Birthplace: Loraconing

Occupation: Miner — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Milford

Father's Name: Henry Milford — Father's Birthplace: Germany

Mother's Maiden Name: Margaret Schardt — Mother's Birthplace: Cumberland

Name of person giving Imformation: Wilhelmina Thaw — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 12 days

Immediate: Cardiac failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry M. Hodgson

Address: Loraconing, Md.

Accident or Suicide?

LIBRARY BUREAU A6851

Name in Full: Mrs Catherine Mooney

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lonaconing; County: Allegany

Date of death 1904: Month: Oct; Day: 15-

Age: Years: 78; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Nova Scotia

Married, Single or Widowed: Widowed

Occupation: none

Name of ~~Wife or~~ Husband: Andrew Mooney deceased

Father's Name: Michael Kelly

Father's Birthplace: Ireland

Mother's Maiden Name: Isabella M Doufal

Mother's Birthplace: Nova Scotia

Information Dept. optometrically.

Name of person giving information: Wm Mooney

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bronchitis 91

How long: Four years

Immediate: Cardiac dilatation

How long: Nine Months.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. D. Skilling M.D.

Address: Lonaconing.

Accident or Suicide? No

LIBRARY BUREAU A8051B

Name in Full: Stephen Oleswiski

CERTIFICATE OF DEATH

MARYLAND

Died: Town: Cumberland — County: Allegany

Date of death 1904	Month	Day	Years	Months	Days
	10	19	Age —	—	5 —

Sex: Male — Color or Race: White — Birthplace: Cumberland Md

Married, Single or Widowed — Occupation: Child

Name of Wife or Husband —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Peter Oleswiski — Father's Birthplace: Poland

Mother's Maiden Name: Katie Ciplinski — Mother's Birthplace: Poland

Name of person giving information: Father — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia 97 — How long: 2 days

Immediate: F Plantrum — How long: few hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. Faehnrich

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: William R. G. Parke

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Luke; County: Allegany

Date of death: Month: 10; Day: 8; 1904

Age: Years: 76; Months: 8; Days: 9

Sex: Male

Color or Race: White

Birthplace: West Va.

Occupation: Paper maker

Where Residing if not at place of death: Piedmont W Va

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: David E. Parke

Father's Birthplace:

Mother's Maiden Name: Mary E. Eaton

Mother's Birthplace:

Name of person giving information: E.

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accidental

How long:

Immediate:

How long:

166

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. H. Hansan

Address: Piedmont W Va

Accident ~~or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Floyd L. Patterson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland Md. County: Allegany

Date of death: Month: Oct. Day: 20 1904 Years: Age 46 — Months: Days:

Sex: Male Color or Race: White Birthplace: Cumberland Md.

Occupation: Accountant Where Residing if not at place of death: —

Married, Single or Widowed: Single Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: J. L. Patterson Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Imformation: 62 How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tabes Dorsalis How long: 12 yrs

Immediate: Ex Laurtion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James T. Johnson M.D.

Address: Cumberland, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Gustav Pfitzenmeier

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb'd; County: Allegh

Date of death: Month: Oct; Day: 29; 1904

Age: Years: 24; Months: -; Days: -

Sex: Male

Color or Race: White

Birthplace: Cumb'd

Occupation: Bar Tender

Where Residing if not at place of death: -

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Dead

Father's Birthplace:

Mother's Maiden Name: Dead

Mother's Birthplace:

Name of person giving Information: Kathonia Pfitzenmeier

How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 6 mos.

Immediate: Inanition — How long: 3 wks.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A H Slaubury

Address: Edw Harris M.D. Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: George Earl Pinches

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Md Savage; County: Allegany

Date of death 1904: Month: Oct; Day: 9; Age: Years: 5; Months: 10; Days: 9

Sex: Male; Color or Race: W Cith; Birthplace: Md Savage

Married, Single or ~~Widowed~~: Singl; Occupation:

Name of Wife or Husband:

Father's Name: Richard B. Pinches; Father's Birthplace: Pa

Mother's Maiden Name: S. Alice Waldron; Mother's Birthplace: W. Va.

Name of person giving information: John R. Workman; How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Appendicitis; How long: 3 days

Immediate: Sepsis; How long: 8 hours

118

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Alan E. Murray M.D.

Address: Md Savage Md

Accident or Suicide? Accident

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Mrs Thersa Reichard

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumbd — County: Allegh

Date of death: 1904 Month: Oct Day: 31

Age: Years 60 Months Days

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Widow — Name of Wife or Husband: Dead

Father's Name: Dead — Father's Birthplace

Mother's Maiden Name: Dead — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Intestinal Obstruction — How long

Immediate: Exhaustion — How long

108

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: T. B. McDonald

Address: Cumberland.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Infant of Wm H. Rhind

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: Month: Oct. Day: 8 1904

Age: Years: 2 Months: — Days: —

Sex: Female

Color or Race: White

Birthplace: Cumberland

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: William H. Rhind.

Father's Birthplace:

Mother's Maiden Name: Annie Rhind.

Mother's Birthplace:

Name of person giving Information: Wm H. Rhind.

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

How long:

Immediate: Dead Born.

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: T. B. McDonald

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: James Ritter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegheny

Date of death: 1904 Month: Oct Day: 13 — Age: Years: 78 Months: — Days: —

Sex: male — Color or Race: White — Birthplace: Virginia

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: Dead

Father's Name: Dead — Father's Birthplace:

Mother's Maiden Name: Dead — Mother's Birthplace:

Name of person giving In formation: Otho Albertis — How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

79

CAUSES OF DEATH

Primary: Mitral Regurgitation — How long: Several years

Immediate: Over exertion — How long: 10 minutes

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. H. Slansbury

Address: Cumberland Md

Accident or Suicide? Steam

LIBRARY BUREAU A6937G

Name in Full: Edward D. Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: Oct — Day: 31 — Years: 22 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Bedford Co Va

Occupation: Civil Engineer — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Thomas Robinson — Father's Birthplace: Va

Mother's Maiden Name: Lelia Dinwiddie — Mother's Birthplace: Va

Name of person giving In formation: J. J. Scott — How related to deceased: Brother in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever 1. — How long: 2 weeks

Immediate: Perforation — How long: 1 Day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. T. Dupe

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Ruth Rodda

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frostburg — County: Allegany

Date of death: Month: 10 — Day: 8 — 1904

Age — Years: 29 — Months — Days

Sex: Female — Color or Race: White — Birthplace: U. S.

Occupation: Book-Keeper — Where Residing if not at place of death: at Home

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Wm H Rodda — Father's Birthplace: England

Mother's Maiden Name: May Hicks — Mother's Birthplace: England

Name of person giving information: Charles Rodda — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastric ulcer perforating — How long: 6 Weeks

Immediate: ~~Exhaustion~~ Peritonitis — How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas D Mooney

Address: Frostburg, Md

Accident or Suicide?

LIBRARY BUREAU A68513

H F + Hnd Co

Name in Full: Margrette Rost

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb — County: Allg

Date of death: Month: Oct. Day: 7 Year: 1904 Age: 79 Months: — Days: —

Sex: Female Color or Race: White Birthplace: Germany

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Widow Name of Wife or Husband: Dead

Father's Name: Dead Father's Birthplace:

Mother's Maiden Name: Dead Mother's Birthplace:

Name of person giving Imformation: Mrs Rawlings How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

64

CAUSES OF DEATH

Primary: Cerebral Hemorrhage How long: 7 Days

Immediate: Paralysis How long: 7 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E B Claybrook M.D.

Address: Cumberland Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Gillian Marie Sanders

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Emm — County: Alle

Date of death: Month 10 Day 22 1904 — Age: Years 20 Months Days

Sex: Female — Color or Race: Colrd — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: Jacob Sanders — Father's Birthplace: Md

Mother's Maiden Name: Anna Innis — Mother's Birthplace: Md

Name of person giving Imformation: Mrs Jacob Sanders — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 27

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos W Koon M D

Address: 1½ C M St

Accident or Suicide?

LIBRARY BUREAU A8851G

Name in Full: John J Scott

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allg.

Date of death 1904 — Month: Oct — Day: 28 — Age — Years: 58 — Months: 1 — Days: —

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Bagage master — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: Mrs Mary Scott

Father's Name: Dead — Father's Birthplace: —

Mother's Maiden Name: Dead — Mother's Birthplace: —

Name of person giving Information: Mrs Scott — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pryalsis. — How long: 66

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr Wailes

Address: per Fad.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Kathie Margret Seibert

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North Branch; County: Alleg.

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	10	26	Age 11	6	2

Sex: Female | Color or Race: White | Birthplace: North Branch

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: single | Name of Wife or Husband:

Father's Name: William A Seibert | Father's Birthplace:

Mother's Maiden Name: Maggie Crawford | Mother's Birthplace:

Name of person giving Information: Williana Seibert | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Nephritis 119 | How long: 10 days

Immediate: Uremic Coma | How long: 14 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. L. Carder

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Anthony Joseph Sharpe

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Midland — County: Allegany

Date of death 1904: Month: Oct. — Day: 26th

Age: Years: 12 — Months: 11 — Days: 7

Sex: Male — Color or Race: White — Birthplace: Midland

Married, Single or Widowed: Youth — Occupation: School Boy

Name of Wife or Husband: —

Father's Name: Frank G Sharpe — Father's Birthplace: Vale Summit

Mother's Maiden Name: Jemmima Davis — Mother's Birthplace: Frostburg

Name of person giving information: Frank G Sharpe — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mumps & Grip" — 119 — How long: 5 days

Immediate: Acute Peritonitis — How long: 2½ days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. G. Smith

Address: Midland Md

Accident or Suicide? —

LIBRARY BUREAU A88318

Name in Full: George Edgar Shipper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County:

TO BE ANSWERED BY NEAREST FRIEND

Date of death	1904	Month: Oct	Day: 1st	Years: —	Months: 4 / Days: 27
Sex: Male	Color or Race: White		Birthplace: Md		
Occupation: —	Where Residing If not at place of death:				
Married, Single or Widowed: —	Name of Wife or Husband: —				
Father's Name: Geo W Shipper			Father's Birthplace: Va		
Mother's Maiden Name: Caroline V Ricker			Mother's Birthplace: Va		
Name of person giving Information: Mother			How related to deceased: Mother		

60

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion Arbitis	How long: 2 weeks	
Immediate: Convulsions	How long: 2 Da	
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: G. L. Broadrup M.D.	
Accident or Suicide? No.	Address: 9 Pearl Cumberland Md	

LIBRARY BUREAU A88016

Name in Full: infant of Charles Sowers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Age: Years	Months	Days
1904	10	13	~~1 day~~	—	1

Sex: Male
Color or Race: White
Birthplace: Md
Occupation:
Where Residing if not at place of death:
Married, Single or Widowed:
Name of Wife or Husband:
Father's Name: Charles Sowers Sr
Father's Birthplace: Md
Mother's Maiden Name: Margret Knott
Mother's Birthplace: Md
Name of person giving Imformation: Charles Sowers
How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Breech Presentation — How long:
Immediate: Strangulation of cord — How long:
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician: O Blendybrick MD
Address: Emmitsburg Md
Accident or Suicide:

LIBRARY BUREAU A60510

Name in Full: James P Fanny

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: westernport — County: allegany

Date of death 1904 — Month: Oct — Day: 28 — Age — Years: 74 — Months: 2 — Days:

Sex: male — Color or Race: White — Birthplace: Ireland

Occupation: carpenter — Where Residing if not at place of death:

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Rebecca Fanny

Father's Name: James Fanny — Father's Birthplace: Ireland

Mother's Maiden Name: [illegible] — Mother's Birthplace: "

Name of person giving information: Lehas Fanny — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 7 days

Immediate: Heart Clot — How long: 93 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E H Parsons

Address: Piedmont W Va

Accident or Suicide? No

LIBRARY BUREAU A88516

0170113

Name in Full: Alfonso L Strong

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd — County: Alleg

Date of death: Month: Oct. — Day: 9 — Year: 1904 — Age: Years: 24 — Months: — — Days: —

Sex: male — Color or Race: White — Birthplace: Cumbd

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: George Strong — Father's Birthplace: Cumbd

Mother's Maiden Name: Mary String — Mother's Birthplace: "

Name of person giving Information: Mary Strong — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 27 — How long

Immediate: Pulmonary Consumption — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address: Dr J J Wilson

Accident or Suicide?

LIBRARY BUREAU AB5515

Name in Full: Sarah Jennard

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Borden Shaft — County: Allegany

Date of death 1904 — Month: Oct — Day: 27

Age — Years: 26 — Months: 6 — Days: 27

Sex: Female

Color or Race: White

Birthplace: Allegany Co Md Borden Shaft

Married, Single or Widowed: Single

Occupation: Housekeeper

Name of Wife or Husband:

Father's Name: James Jennard

Father's Birthplace: Allegany Co Md Borden Shaft

Mother's Maiden Name: Elizabeth Price

Mother's Birthplace: Scotland

Name of person giving Information: Clarence Riggleman

How related to deceased: Brother in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — 27

How long: 5 mos

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J C Coley

Address: Borden Shaft

Accident or Suicide? No

LIBRARY BUREAU AB818

Allegany. Co.

Name in Full: George Franklin Trieber

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: 1904 — Month: Oct — Day: 19 — Age: Years 23 — Months 10 — Days -

Sex: Male — Color or Race: White — Birthplace: Cumberland Md

Occupation: None — Where Residing ~~if not at place of death~~: Cumberland Md

Married, Single or Widowed: Single — Name of Wife or Husband: Single

Father's Name: George Trieber — Father's Birthplace: Cumberland Md

Mother's Maiden Name: Annie Duncan — Mother's Birthplace: England

Name of person giving information: George Trieber — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebro-Spinal meningitis, resulting in — How long: 23 years

Immediate: Spastic Paraplegia and imbecility — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. L. Duke

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Katherine Türgg

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: 10	Day: 21	Age: 74	Months:	Days:
Sex: Female	Color or Race: White		Birthplace: Germany		
Occupation: Housekeeper	Where Residing if not at place of death:				
Married, Single or Widowed: Married	Name of Wife or Husband: Francis Türgg				
Father's Name: Christian Leuchman			Father's Birthplace: Germany		
Mother's Maiden Name:			Mother's Birthplace: Germany		
Name of person giving Information: D. Türgg			How related to deceased: Son		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer	How long: 4 Weeks
Immediate: Exhaustion 45	How long: 1 Week
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: W. W. Wiley
	Address: Cumberland Md
Accident or Suicide?	

LIBRARY BUREAU A88516

Name in Full: Unknown Man

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Near Cumberland — Town: Alt — County: Md

Date of death: 1904 — Month: 10 — Day: 12 — Age: 30 yrs — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: —

Occupation: unknown — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Imformation: Coroner — How related to deceased: —

174

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Overcome by fumes of gas — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Dennis E Weal Coroner

Address: Cumb'd Md

Potters field

Accident or Suicide? Accident

LIBRARY BUREAU A88516

Name in Full: Charles Hamilton Wade

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frostburg — County: Allegany

Date of death: 1904 — Month: 10 — Day: 16 — Age: Years 49 — Months — — Days —

Sex: M — Color or Race: W. — Birthplace: Md

Occupation: Merchant — Where Residing if not at place of death: —

Married, ~~Single or Widowed~~ — Name of Wife ~~or Husband~~: Levina Wade

Father's Name: Henry Wade — Father's Birthplace: Md

Mother's Maiden Name: Mary Halfin — Mother's Birthplace: Md

Name of person giving Information: Clarence Wade — How related to deceased: Son,

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Duodenum — How long: About 2 yrs

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. O. McLaney M. D.

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Isabel Warfield

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Crumbd — County: Alleg.

Date of death 190X — Month: Oct — Day: 9 — Age — Years: 73 — Months: — — Days: —

Sex: female — Color or Race: white — Birthplace: Md

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: Chas D. Warfield

Father's Name: Dr. Edwarfield — Father's Birthplace: —

Mother's Maiden Name: Miss Snowden — Mother's Birthplace: —

Name of person giving Imformation: [illegible] — How related to deceased: Dau

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma 97 — How long: 3yrs

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. L. Carder

Address: Cumbd Md

Accident or Suicide?

Nov 13.

LIBRARY BUREAU A88316

Name in Full: Hearl Augustus Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb | County: Allegh.

Date of death 1904: Month: Oct | Day: 20 | Age: Years: 1 | Months: 9 | Days: 17

Sex: male | Color or Race: Colored | Birthplace: Cumb

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: — | Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Theodore Williams | Father's Birthplace: Cumb

Mother's Maiden Name: Mary Taylor | Mother's Birthplace: Cumb

Name of person giving information: Hiram Holland | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis 27 | How long: about 4 mo.

Immediate: Gen. Exhaustion | How long: " "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address: Dr Thompkins

Accident or Suicide?

LIBRARY BUREAU A68516

149 Ford

William

Name in Full: Harry Lee Wilson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Westernport — County: Allegany

Date of death: Month: 10 — Day: 11 — Age: Years: 16 — Months: 3 — Days: 9

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Student — Where Residing if not at place of death: Westernport Md

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Geo L Wilson — Father's Birthplace: Md

Mother's Maiden Name: Minnie A Groves — Mother's Birthplace: Md

Name of person giving Information: Geo L Wilson 120 — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Parenchymatous Nephritis — How long: One year

Immediate: Edema of Lungs — How long: One week.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J G Abbett

Address: Piedmont W Va

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John Winkler

C.-4-1

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Westernport — County: Allegany

Date of death: Month 10 — Day 19 — Year 1904

Age: Years 5 — Months 2 — Days 11

Sex: Male

Color or Race: White

Birthplace: Switzerland

Occupation:

Where Residing if not at place of death: Westernport

Married, Single or Widowed: Married

Name of Wife or Husband: Margret Ann Winkler

Father's Name: John Casper Winkler

Father's Birthplace: Switzerland

Mother's Maiden Name: Dont Know

Mother's Birthplace: Unknown

Name of person giving Information: Wm Lewis Winkler

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Suicide — How long: X

Immediate: X Shooting himself — How long: X

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J B Shupe

Address: Westernport Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Francis Joseph Wolf

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death	Month	Day	Age: Years	Months	Days
1904	10	9	—		13

Sex: Male — Color or Race: White — Birthplace: Cumberland Md

Occupation: Infant — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Joseph Wolf — Father's Birthplace: Germany

Mother's Maiden Name: Francis Ruhe — Mother's Birthplace: Germany

Name of person giving Imformation: (Mother) Francis Wolf — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Entero-Colitis — How long: 5 days

Immediate: Exhaustion — How long: few days

105

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F W Faehtman

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A8831e

Name in Full: Martha E Wolford

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Flintstone — County: Alle

Date of death: Month: Oct — Day: 26 — 1904

Age: Years: 78 — Months: 6 — Days: 2

Sex: Female — Color or Race: White — Birthplace:

Occupation: house wife — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband:

Father's Name: dead — Father's Birthplace:

Mother's Maiden Name: Dead — Mother's Birthplace:

Name of person giving information: Sommerfield Hinkle — How related to deceased: son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of the omentum — How long: one year

Immediate: exhaustion — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. H. Stansbury

Address: Cumb Md

Accident or Suicide?

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